## OHIO STATE UNIVERSITY EXTENSION

## Ohio 4-H Club/Affiliate Yearly Financial Summary

	Due Jai	nua	ıry 31	
Program Year Cl	ub/Affiliate Nam	e		
Bank Name	EIN		Account Number	
Bank Address				
Bank City/ST/Zip				
Type of Account (select one):Ch	eckingSav	ing	sOther (please list)	
Who is authorized to sign your checks	? (must have at	lea	st one name, preferably two names)	
Beginning Account Balance as of Ja	•		· —	
C	lub/Affiliate Inc	con	ne (please list)	
<b>Description</b> (fundraiser, dues, etc.)	Amount		<b>Description</b> (fundraiser, dues, etc.)	Amount
			Total Income	
	Club/Affilia	te I	Expenses	
Description	Amount		Description	Amount
(books, program fees, etc.)			(books, program fees, etc.)	
			Total Formania	
			Total Expenses	
Ending Account Balance as of Dec.	31 (should mate	ch b	pank statement)	
Name of person completing form				_





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